

PLACEMENT PROVIDER HOME VISIT CHECKLIST FORM INSTRUCTIONS FOR COMPLETION

Purpose: The Placement Provider Home Visit Checklist is intended to document contact between the Children's Service Worker and the placement providers for the children on their caseload. This form should be completed once a month during the visit to the placement provider's home. The form should assist in determining the child's adjustment to the placement as well as assuring the ongoing safety of the child. This form does not have to be completed for children in residential settings, although, Division staff should still be meeting with the facility staff responsible for the care of the child. The form should be filed in the case record and kept in the assessment and treatment services section. A copy of the form should be given to the placement provider.

Completion:

Date of Visit: Provide the date of the visit.

Case Name: Provide the case name for the child. If a worker has a child from more than one case placed in the home/facility, a separate form will need to be completed for each case.

Placement Date: Provide the date the child was placed in the home/facility.

Provider's Name: Provide the name of the foster/relative/kinship care provider or facility in which the child is placed.

Provider's Address: Provide the address of the home/facility.

Case Manager: Provide the name of the case manager.

Worker Conducting Visit: Provide the name of the worker conducting the visit (should primarily be the case manager or service worker).

Discussion Items

Discuss with the placement provider those items that are appropriate to the case and household situation. Some items should be discussed each time the worker visits with the placement provider in the home. Other items may not be applicable to the household or case.

Comments

The Children's Service Worker should document any items discussed with the provider as well as any issues or concerns brought to the worker's attention by the provider.

Date of Next Home Visit

Document the next scheduled home visit date. Staff are encouraged to schedule with the placement provider prior to the end of the current visit.

Signatures

The placement provider, worker and worker's supervisor should all sign off on the form. Once the supervisor has reviewed and signed off on the form, a copy should be given to the placement provider. The form should be filed in the assessment and treatment services section.

Any licensing violations or safety concerns noted by the Children's Service Worker shall be shared with the Children's Service Worker responsible for licensing the provider. Concerns regarding a residential facility, group home or transitional living site should be shared with the residential licensing unit in Central Office.

Memoranda History: [CD06-63](#)